Assassination Records Review Board
Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10060-10477
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 11
Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 5

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10060-10477

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 08/03/77
PAGES : 10

SUBJECTS :
HSCA, ADMINISTRATION
MATHEWS, I. CHARLES

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 06/04/93

OPENING CRITERIA :

COMMENTS :
Box 2.

[R] - ITEM IS RESTRICTED

Previous Editions Obsolete

FHA FORM NO. 2004-G Rev. 5/75
VA FORM NO. 26-8497 Rev. 5/75

VETERANS ADMINISTRATION
and
U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

FORM APPROVED
OMB NO. 63-R1288

REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Lender – Complete Items 1 through 6. Have applicant complete Items 7 and 8. Forward the completed form directly to the employer named in Item 1.
Employer – Complete Items 9A through 15 and return form directly to lender named in Item 2.

PART I REQUEST

1. TO: (Name and Address of Employer):
Select Committee on Assassinations
U. S. House of Representatives
Washington, D. C. 20515

2. FROM: (Name and Address of Lender):
Society for Savings
31 Pratt St.
Hartford, Connecticut 06101

3. Signature of Lender:

4. Title of Lender:

5. Date:

6. HUD-FHA or VA Number:

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

I have applied for a mortgage loan and stated that I am employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant:
Isiah C. Mathews

8. Employee's Identification Number:

Signature of applicant

PART II VERIFICATION

9A. Is applicant now employed by you?
☐ Yes ☒ No Term. 12/31/78

9B. Present Base Pay is $ 30,000.00
This amount is paid:
☐ Annually ☐ Hourly
☒ Monthly ☐ Other (Specify)
☐ Weekly

9C. EARNINGS LAST 12 MONTHS
Amount $ 29,333.33
Basic Earnings $
Normal Hours worked per Week: 40
Overtime Earnings $
☐ Regular
☐ Temporary
Other Income $
☐ Regular
☐ Temporary

10A. Position or Job Title:
Special Counsel

10B. Length of Applicant's employment:
8/3/77 to 12/31/78

10C. Probability of continued employment:
Committee terminated

10D. Date Applicant left:
12/31/78

10E. Reason for leaving:
Committee terminated

11. TO BE COMPLETED BY MILITARY PERSONNEL ONLY.

Pay Grade:	
Base Pay	$
Rations	$
Flight or Hazard	$
Clothing	$
Quarters	$
Pro-Pay	$
Overseas or Combat	$

12. REMARKS:

13. Signature of Employer: Thomas Howarth

14. Title of Employer:
Deputy Staff Director
and Budget Officer

15. Date: 1/17/79

749-159-000

RETURN DIRECTLY TO LENDER

Select Committee on Assassinations
U.S. House of Representatives
WASHINGTON, D.C. 20515

Isiah Charles Mathews
013-34-3361

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
I. Charles Mathews	12/31/78
Employee Social Security Number	**Type of Action**
013-34-3361	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☒ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business ______ Specify Date)
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date January 2, 19 79

______ (Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

______ (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

______ (Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______
Chairman, Committee on House Administration

Office of Finance use only:

Office Code______

Monthly Annuity $______.00 as of ______

ID ______

Benefits ______

Payroll ______

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
I. Charles Mathews	March 1, 1978
Employee Social Security Number	**Type of Action**
013-34-3361	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business________________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Special Counsel	$30,000

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date March 14, 1978

(Signature of Authorizing Official)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

LOUIS STOKES
(Type or print name of Authorizing Official)

____
(Type or print name and title of above official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:_______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00 as of __________________

ID ____________________

Benefits ____________________

Payroll ____________________

(Revised: August 1 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
I. Charles Mathews	10/1/77
Employee Social Security Number	**Type of Action**
013-34-3361	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Special Counsel	$26,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level_____ Step_____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date October 14, 1977 ________________
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

eb

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $______.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
I. Charles Mathews	8/3/77
Employee Social Security Number	**Type of Action**
013 34 3361	X☐ Appointment ☐ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Special Counsel	$19,500

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number____________ If applicable, Level_______ Step_______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 3, 1977 ____________________
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $_________.00

Copy for Initiating Office or Committee

49 School St.

MGIC **Mortgage Guaranty Insurance Corporation**

a subsidiary of MGIC Investment Corporation

Telephone 414/347-6500

Request for Verification of Employment

LENDER – Complete Items 1 thru 7. Have applicant complete Item 8. Forward directly to employer named in Item 1.
EMPLOYER – Please complete Items 9 thru 16 and return directly to lender named in Item 2.

PART I — REQUEST

1. To *(Name and address of employer)*	2. From *(Name and address of lender)*
Select House Committee On Assassinations 3369 House Annex #2 Washington, D.C. 20515	1st American Bank for Savings 572 Columbia Road Dorchester, Mass. 02125

3. Signature of Lender	4. Title	5. Date	6. Lender's I.D. Number *(Optional)*
[signature]	Mortgage Officer		

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant	8. Signature of Applicant
Isiah C. Mathews 4827 S. 8th Rd. Arlington, Va.	Isiah C. Mathews

PART II — VERIFICATION

EMPLOYMENT DATA

9A. Is Applicant Now Employed By You? ☒ YES ☐ NO *(If "No," complete Items 9c and 9d.)*

9B. How Long Has Applicant Been Employed By You? *(If Military, enter total service)* 8-3-77

9C. Date Applicant Left: Still employed

9D. Reason For Leaving: —

10. Present Position: Special Counsel

11. Probability of Continued Employment: Yes

PAY DATA

12A. Base Pay *(Enter amount and check period)* $30,000.00
☒ ANNUAL ☐ HOURLY ☐ MONTHLY ☐ OTHER *(Specify)* ☐ WEEKLY

12B. Earnings Last 12 Months 11-1-77 to 10/31/78

Type	Amount
Base Pay	$ 28,666.67
Overtime	$ —
Commissions	$ —
Bonus	$ —

12C. To Be Completed for Military Personnel Only

Pay Grade

Type	Monthly Amount
Base Pay	$
Rations	$
Flight or Hazard	$
Clothing	$
Quarters	$
Pro Pay	$
Overseas Or Combat	$

13. Remarks

The above information is provided in strict confidence in response to your request.

14. Signature of Employer	15. Title	16. Date
Thomas Howarth	Budget Officer	10-31-78

The information on this form is Confidential. It is to be transmitted directly to the lender, without passing through the hands of the applicant or any other party.

MEMORANDUM

To: Thomas Howarth, Budget Officer

From: G. Robert Blakey, Chief Counsel and Staff Director GRB 10-14-77

Date: October 14, 1977

Re: Salary Adjustments

This is your authorization to increase the salaries of the below listed employees to the amounts indicated effective October 1, 1977:

Michael C. Eberhardt	$34,000
Marjorie A. Eagle	14,500
I. Charles Mathews	26,000

M E M O R A N D U M

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

☑ I am not related to any current (95th Congress) Member of Congress.

☐ I am related to a current (95th Congress) Member of Congress. (Please specify.) ______________________

____

Trick C. Mathews
Signature of Employee

Aug. 3, 1977
Date

June 29, 1977

Mr. Isiah C. Mathews
21 Pearl Street
Danbury, Connecticut 06810

Dear Mr. Mathews:

Mr. Blakey asked that I send you the enclosed forms to be completed by you prior to your employment with the Select Committee on Assassinations. Instructions have been attached to the forms, and if you have any questions please do not hesitate to contact me.

We look forward to meeting you.

Very truly yours,

Elizabeth Berning
Administmative Assistant to
G. Robert Blakey

EB
Enclosures

Isiah C. Mathews

21 Pearl Street
Danbury, Connecticut 06810

Will begin work around end of July or 1st of August

$19,500 subject to subsequent judgment

Will be Special Assistant to Blakey

Counsel

Please send all forms, etc. needed to begin employment

and obtain security clearance.